

DLDE

(DEEMED TO BE UNIVERSITY)

Declared as Deemed to be University u/s 3 of UGC Act, 1956

The Constituent College

SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, VIJAYAPURA

DEPARTMENT OF SURGERY

NO: SURGERY/2019/APRIL/268/Minutes of BOS meeting

Date: 3/4/2019

To
The Registrar
B.L.D.E.(Deemed to be University)

(Through Proper Channel)

VIJAYAPUR-586103

Sir

Kindly find enclosed herewith Minutes of the Board of studies meeting of General Surgery (UG/PG) held on 31-3-2019 at 11-00am, in the B.L.D.E. (Deemed to be University) Premises. Vijayapur. The folder contains.

- 1. Minutes of the BOS Meeting held on 31-3-2019
- 2. Final revised Curriculum of MS Gen Surgery
- 3. Final revised curriculum of Certificate Course in OT Technology
- 4. Report on the changes made in the MS Gen Surgery Curriculum.

Thanking you

Yours sincerely

4

Professor & HOD

Dr. Tejaswini Vallabha

Dept. of Surgery

Prof. &. HoD, Gen. Surgery BLDE (DU) Shri B.M. Patil

Medical College Hospital & R.C.

Vijayapura, Karnataka

Copy WCs to

 The Dean Faculty of Medicine & Principal BLDE(Deemed to be University) Shri.B.M.Patil Medical college, Vijayapur

2. The Controller of Examinations BLDE(Deemed to be University) Vijayapur

3. **PS** to the Hon'ble Vice Chancellor B.L.D.E.(Deemed to be University), Vijayapur

BLDE (Deemed to be University) Vijayapura-586103. Karnataka

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DEPARTMENT OF SURGERY

NO: SURGERY/2019/APRIL/ 268 /Minutes of BOS meeting

MINUTES OF THE BOARD OF STUDIES OF SURGERY (UG & PG) MEETING HELD ON 31/3/2019 HELD AT B.L.D.E.(Deemed to be University), VIJAYAPUR

The following members of BOS were present:-

1) Dr. Tejaswini Vallabha

Professor & HOD, Chairman of BOS of Surgery

2) Dr.N.Bheerappa

Prof. & . HOD of Surgical Gastroenterology

Nizam's Institute of Medical Sciences, Punjagutta

Date: 3/4/2019

Hyderabad.

3) Dr.M.B.Patil

Professor-Member

4) Dr. Vijaya Patil

Professor-Member

5) Dr.M.S.Kotennavar

Professor-Member

6) Dr.D.R.Chavan

Assoc.Professor-Member

6) Dr.Dayanand Biradar

Asstt.Professor-Member

8) Dr.Ramakanth Baloorkar

Assoc.Professor & Co-ordinator,OT Technology

Certificate course.(Special invitee)

Dr. Tejaswini Vallabha Prof. & . HOD, Surgery & Chairperson BOS(UG/PG)Surgery welcomed the members.

- 1.Agenda 1 The BOS approved and accepted minutes of earlier meeting
- 2. Curriculum of PG &UG Medical courses

- Revision of PG(MS Gen surgery) & UG(MBBS) Curriculum according to CBME guidelines was

discussed in detail. Prof.&.HOD explained the main areas addressed. Dr.M.B.Patil Co-ordinator

explained regarding changes and addition in content. Information regarding inputs obtained from

experts like Dr Laxman and alumni were discussed and accepted to incorporate them. Accordingly the

final salient points of modified curriculum are as follows:

Salient points in revised MS Gen Surgery Curriculum

2

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Sl. No	Content	Existing	Changes Made
1	Goals	Same	-Nil-
2	Objectives	Same	-Nil-
3	Course	Contents	1. History of medicine with special reference to ancient Indian Text
	Content	continued as	2. Health care economics
	. C. J.	Existing	3. FAST
	= 1		4. Laparoscopic ultra sound
		A - 1 - 2	5.Choledochoscopy
			6.Cadever donation, organ harvesting and transport7. Operation Theatre:
		·	Diathermy- principles and precautions
	I Design of	Topaco de la fore	Lasers – Principles and precautions
	a literatura de sa originario		Explosion hazardes in relation to general Anesthesia and
	The state of the s		Endoscopy
nggith (Ta		The Louis Day of Man	Tourniquet – Uses, precautions
Lgalahir	The second second second		Nerve injuries in Anaesthetised patients
		· San - April .	Preoperative workup procedures and Postoperative procedures.
	2 2		Agency 1 Control of the Control of t
			Information technology skills for postgraduates.
	10	destal ministra	skills in email communication, group mailing and
	and and a com-	a tragge day part from a second	collaboration on the net with other group members.
	Part of the State of	John Jan York Ogg av	. Use of word processing and spread sheet functions in research
	Correction Section 1		. use of statistical packages
	TATIVITY OF THE		. digitizing and archiving information
	a contract to the		. skills in changing digital formats of text, images and videos
	The residue with the party of the second		annotating and incorporating digital images in documents
	a w modernity in a comment		. Basic skills in digital photography and videography
		hagan tendadahki	. Video editing, applying voice overs and annotating.
4	Teaching	Contents	List of Areas / Clinical cases where the student should be able to
Mark Alexandra	learning	continued as	practice in a system based approach
	methods	Existing	A STATE OF THE STA
	memous	LAISTING	1. Ulcers in oral cavity
			2. Solitary nodule of the thyroid
	And the second of the second		3. Lymph node in the neck
			4. Suspected breast lump
	Sea		5. Benign breast disease
			6. Acute abdominal pain 7. Blunt Trauma Abdomen
	Mark Committee C	ar a first searching	8. Gall stone disease
			9. Dysphagia
	1 1 1	The manager of the same	10. Chronic abdominal pain
			11. Epigastric mass
		,	12. Right hypochrondium mass
	2 2		13. Right iliac fossa mass
		The professional Country States	
			14. Renal mass
	grade grade to the state of the	l var i varant	15. Inguino-scrotal swelling
	grada y	. v krii ji turada	15. Inguino-scrotal swelling 16. Scrotal swelling
	grip la gradina di sensita di sen	o krii ji tursak	15. Inguino-scrotal swelling16. Scrotal swelling17. Gastric outlet obstruction
	game le granding de la figur	A PRINCIPAL STATE	15. Inguino-scrotal swelling16. Scrotal swelling17. Gastric outlet obstruction18. Upper gastrointestinal bleeding
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	grande de g Grande de grande de g Grande de grande de		 15. Inguino-scrotal swelling 16. Scrotal swelling 17. Gastric outlet obstruction 18. Upper gastrointestinal bleeding 19. Lower gastrointestinal bleeding 20. Anorectal symptoms
	grante de la companya		 15. Inguino-scrotal swelling 16. Scrotal swelling 17. Gastric outlet obstruction 18. Upper gastrointestinal bleeding 19. Lower gastrointestinal bleeding 20. Anorectal symptoms 21. Acute intestinal obstruction
			 15. Inguino-scrotal swelling 16. Scrotal swelling 17. Gastric outlet obstruction 18. Upper gastrointestinal bleeding 19. Lower gastrointestinal bleeding 20. Anorectal symptoms 21. Acute intestinal obstruction 22. Obstructive jaundice
	game le gran de figure de la companya de la company		 15. Inguino-scrotal swelling 16. Scrotal swelling 17. Gastric outlet obstruction 18. Upper gastrointestinal bleeding 19. Lower gastrointestinal bleeding 20. Anorectal symptoms 21. Acute intestinal obstruction 22. Obstructive jaundice 23. Acute retention of Urine
			 15. Inguino-scrotal swelling 16. Scrotal swelling 17. Gastric outlet obstruction 18. Upper gastrointestinal bleeding 19. Lower gastrointestinal bleeding 20. Anorectal symptoms 21. Acute intestinal obstruction 22. Obstructive jaundice 23. Acute retention of Urine 24. Bladder outlet obstruction
			 15. Inguino-scrotal swelling 16. Scrotal swelling 17. Gastric outlet obstruction 18. Upper gastrointestinal bleeding 19. Lower gastrointestinal bleeding 20. Anorectal symptoms 21. Acute intestinal obstruction 22. Obstructive jaundice 23. Acute retention of Urine 24. Bladder outlet obstruction 25. Haematuria
			 15. Inguino-scrotal swelling 16. Scrotal swelling 17. Gastric outlet obstruction 18. Upper gastrointestinal bleeding 19. Lower gastrointestinal bleeding 20. Anorectal symptoms 21. Acute intestinal obstruction 22. Obstructive jaundice 23. Acute retention of Urine 24. Bladder outlet obstruction
			15. Inguino-scrotal swelling 16. Scrotal swelling 17. Gastric outlet obstruction 18. Upper gastrointestinal bleeding 19. Lower gastrointestinal bleeding 20. Anorectal symptoms 21. Acute intestinal obstruction 22. Obstructive jaundice 23. Acute retention of Urine 24. Bladder outlet obstruction 25. Haematuria 26. Peripheral vascular disease
			15. Inguino-scrotal swelling 16. Scrotal swelling 17. Gastric outlet obstruction 18. Upper gastrointestinal bleeding 19. Lower gastrointestinal bleeding 20. Anorectal symptoms 21. Acute intestinal obstruction 22. Obstructive jaundice 23. Acute retention of Urine 24. Bladder outlet obstruction 25. Haematuria 26. Peripheral vascular disease 27. Varicose veins
			15. Inguino-scrotal swelling 16. Scrotal swelling 17. Gastric outlet obstruction 18. Upper gastrointestinal bleeding 19. Lower gastrointestinal bleeding 20. Anorectal symptoms 21. Acute intestinal obstruction 22. Obstructive jaundice 23. Acute retention of Urine 24. Bladder outlet obstruction 25. Haematuria 26. Peripheral vascular disease 27. Varicose veins 28. New born with developmental anomalies

	*		32. Carcinoma prostate
		-	33. Genital tuberculosis in male
			Cadaver based skills practice and learning can be practiced for
			advanced surgical skills training.
8			
		,	Monthly once 3 PM To 4 PM ,Role plays/demonstration / practice
			of training in soft skills in simulated environment
			cadaver laboratory based training for honing surgical skills and
			dissection skills
		S. Carlotte	Basic science training will be during the 1 st year of training. 20 hours are allotted in the first six months of the course for learning
		1 -4	dissection skills. The theory component will be addressed through
	*		classes and integrated teaching sessions
			Soft skills in communication and attitude in simulated patients
		- X	Basic laparoscopy training with Hands on training on endotrainers
		Clinical	Pediatric Surgery 4weeks
		postings	*
5		32 22	
	-8	18	Attitude and Communication skills:-
1.1	1	* , ingo	Candidates shall be trained in proper communication skills towards
1 6 =	2	7 V V	interaction and communication with patients, attendees and society in general. There will be appropriate training in obtaining proper
			written informed consent, discussion and documentation of the
2			proceedings .Structured training in various areas like consent,
	*		briefing regarding progress and breaking bad news are essential in
	21		developing competencies
-		1 276	Variety of teaching –learning methods like Role play, video based
		1	training, standardized patient scenarios, reflective learning and
*** ** **	-	1.2	assisting the team leader in all these areas will improve the skills.
		y 5 - y +	Training to work as team member, lead the team whenever situation demands is essential. Mock drills to train and assess the readiness
		1	are very helpful
		11	
	Formative	Contents	Assessment can be done using OSCE simulated scenarios and
	assessment	continued as	narratives or any appropriate means
		Existing	· · · · · · · · · · · · · · · · · · ·
6	Suggested	· · · · · · · · · · · · · · · · · · ·	There shall be quarterly review of the progress of postgraduates by
	changes in	H 5	the departmental PG Committee. The review should include
	summative		assessment, (Page.13) This review shall be documented and
9-1	assessment		adequate feedback to the student should be provided. Refer
			annexure VIII of section IV

Ext.member suggested exposure of Postgraduates to various institutes of eminence.

Prof.& HOD, Dr.M.S.Kotennavar & Dr.Vijaya Patil explained regarding CBME based curriculum to be implemented by MCI which needs to be adopted by all Medical colleges. The salient points were discussed. It was decided to adopt and recommend to the University regarding same.

3. Revision of curriculum of allied courses

Revision of examination pattern for OT technology course was discussed and presented by Co.ordinator Dr.Ramakanth Baloorkar.In the view to concentrate mainly skills, theoretical component was reduced and the modifications proposed were:

QUESTION PAPER PATTERN:

Each paper will carry 50(fifty) marks. The breakup of marks distribution is as follows:

1.Short essays=5x4=20

2.Short answers 3x10=30

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PRACTICALS

Total

150 Marks

These 100 marks will be divided into six parts carrying 25 marks each of ½ hr duration. Each part will test skills of any one module. Practical test can be held in OT premises or in the form of OSCE.

Passing criteria

50% in Theory including Internal Assessment (Theory) & 50% in Practicals.

UNIVERSITY EXAMINATION

THEORY	
	Paper 1=50
	Paper 2=50
INT.ASSESSMENT	50
PRACTICALS	150

Total = 300

It was accepted.

4. New courses

- Possibility of starting B.Sc in OT technology was discussed. It was decided to take help of Ext.member to obtain information as NIMS is conducting such course.

5. Review of existing course

-Review of Fellowship in MIS course was done. Prof.&.HOD explained the measures to improve and activity to strengthen the course by having Mentor Dr.M.Ramesh who is an international figure in MIS and forthcoming workshop in advanced MIS for honing skills advanced.

6. Review of Ph.D Programmes

- No students registered.-

7. Recognition of Ph.D Guide /PG Teacher

-At present all the eligible teachers are recognized PG Guides. Prof.&.HOD requested all the eligible PG teachers to apply for Ph.D guideship as this will improve weightage in NAAC accreditation.

8. Question paper Vs Result Analysis

Question papers were revised and it was decided to request to allow One professor to replace the question in place of duplicated questions in both papers of Surgery during University examinations..

Result

PG-May-2018

Appeared - 07
Pass - 06
Percentage : 85 %
PG-Nov-2018

Appeared - 01
Pass - 01
Percentage - 100 %

 UG Feb-2019

 Appeared
 134

 Pass
 114

 Percentage
 85 %

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9. Preparation of Curriculum on Area of Specialization for Pre Ph.D Examination (Background Paper)

- Nil-

10. Review of Progress reports of Ph.D scholars

- Prof.&.HOD informed the BOS members that one candidate from Department of Radiology had registered under her as guide. However he has expressed his inability to peruse Ph.D course as he wishes to go for fellowship in Radiology.

11. Panel of examiners

BARBARILA

- It was decided to obtain list from COEs office and update it.

12. Any other matter with the permission of the chair. -Nil-

The meeting ended with vote of thanks by Chairperson.

PROF.&.HOD,SURGERY
Professor & HOD

Dept. of Surgery

BLDE (DU) Shri B.M.Patil

Medical College Hospital & R.C,
Vijayapura, Karnataka

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